

CLAIMS ONLY						Application Number		Filing Date			
						10/018245					
						Applicant(s)					
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep		
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12							62				
13							63				
14			1				64				
15							65				
16					1		66				
17						1	67				
18							68				
19							69				
20							70				
21							71				
22							72				
23							73				
24							74				
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30							80				
31							81				
32							82				
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38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep			5				Total Indep				
Total Depend			5				Total Depend				
Total Claims			10				Total Claims				